

## PART B - FEE(S) TRANSMITTAL

END- 8225  
RAK - #2

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30449 7590 02/17/2010

**SCHMEISER, OLSEN & WATTS**  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/562,093	12/21/2005	Fernando Incertis Carro	FR920030035US1	8123

TITLE OF INVENTION: SYSTEM AND METHOD FOR COMPOSING AN ELECTRONIC DOCUMENT FROM PHYSICAL DOCUMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/17/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, MAIKHANH	2176	715-255000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Business Machines Corporation, Armonk, NY 05/14/2010 EPOINGU1 00000033 090457 10562093

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other entity  Partnership or group entity  Government  Other  ~~02 FC.1581~~ ~~1510.00 M~~ ~~02 FC.1584~~ ~~360.00 M~~

## 4a. The following fee(s) are submitted:

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0457 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Jack P. FriedmanDate 03/09/2010Typed or printed name Jack P. FriedmanRegistration No. 44,688

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